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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

JUN 07 2007
PATENT & TRADEMARK OFFICE

Number of Pages in This Submission

Application Number	10/612,325 (now U.S. Patent No. 7,175,589)
Filing Date	07/01/03
First Named Inventor	Deem et al.
Art Unit	3735
Examiner Name	Sara Lustusky
Attorney Docket Number	020979-001610US

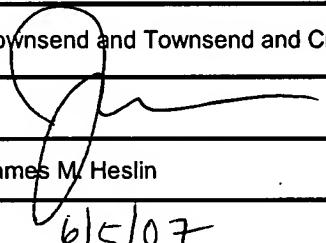
ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
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Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	6/5/07	Reg. No.	29,541

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	Brad J. Loos		
Typed or printed name			Date 06/05/07

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

JUN 4 2007

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To: Commissioner for Patents**P.O. Box 1450****Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record

all the attorneys/agents (with registration numbers) listed on the attached paper(s), or

all the attorneys/agents associated with Customer Number **20350**

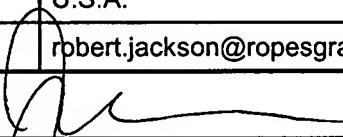
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of matter to firm listed below.

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

 The address associated with Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Robert Jackson, Esq., Ropes & Gray				
Address	1211 Avenue of the Americas				
City	New York	State	New York	Zip	10036
Country	U.S.A.				
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Signature					
Name	James M. Heslin			Registration No.	29,541
Date	6/15/07			Telephone No.	650-326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.